

National Marrow Donor Program®
Recipient Death Information

Registry Use Only

Sequence Number:

Date Received:

Unrelated

Recipient NMDP ID: - -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date: / / TC Code:

Month Day Year

Product type for first transplant: Marrow (Form 190) PBSC (Form 590) Cord blood (Form 690)

To be completed in conjunction with a 100-Day Follow-Up Form (Form 130, 530, 630), Six Month to Two Year Follow-Up Form (Form 140, 540, 640), or Greater Than Two Year Follow-Up Form (Form 150, 550, 650)

1. Date of death: / /

Month Day Year

2. Was cause of death confirmed by autopsy?

- 1 yes
- 2 no
- 3 pending

3. Cause of death: *(Enter appropriate cause of death code below. List in order of decreasing severity, i.e., primary cause first. If a code number for "Other, specify" is entered, write the cause in the space provided.)*

Primary: . Specify: _____

. Specify: _____

. Specify: _____

. Specify: _____

. Specify: _____

. Specify: _____

4. Signed: _____
Person completing form

Please print name: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____

Mail a copy of this form to:
The NMDP Registry, Suite 500,
3001 Broadway Street N.E., Minneapolis, MN 55413
Retain original at the transplant center.

Cause of Death Codes	
1.0	graft rejection or failure
2.0	infection (other than interstitial pneumonia)
2.1	Bacterial
2.2	Fungal
2.3	Viral
2.4	Protozoal
2.5	Organism not identified
2.6	Other, specify
Interstitial pneumonia	
3.1	Viral, CMV
3.2	Viral, other
3.3	Pneumocystis
3.4	Idiopathic
3.5	Other, specify
4.0	Adult Respiratory Distress Syndrome
5.0	Acute GVHD
6.0	Chronic GVHD
7.0	Recurrence or persistence of leukemia/malignancy/MDS
Organ failure (not due to GVHD or infection)	
8.1	Liver
8.2	Cardiac (Cardiomyopathy)
8.3	Pulmonary
8.4	CNS
8.5	Renal
8.6	Multiple organ failure, specify
8.7	Other, specify
9.0	Secondary malignancy
Hemorrhage	
10.1	Pulmonary
10.2	Intracranial
10.3	Gastrointestinal
10.4	Hemorrhage not specified
10.5	Other, specify
Vascular	
11.1	Thromboembolic
11.2	Disseminated intravascular coagulation (DIC)
11.3	Gastrointestinal
11.4	Thrombotic thrombocytopenic purpura
11.5	Vascular not specified
11.6	Other, specify
12.0	Accidental death
13.0	Other, specify